



DEATH REPORT FORM

State Form 50790 (2-02)

Approved by State Board of Accounts 2002

INDIANA STATE TEACHERS RETIREMENT FUND

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PLEASE SUBMIT A COPY OF THE DEATH CERTIFICATE WITH THIS FORM.

DECEASED MEMBER'S INFORMATION			
Name of Deceased:			
SSN of Deceased:		TRF Account Number:	
Date of Report:		Date of Death:	
CONTACT INFORMATION			
Are you the Surviving Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If spouse, please verify your SSN and Date of Birth:			
SSN: _____		Date of Birth: _____	
If no, indicate your relationship to deceased:			
Your Name:			
Address:		Home Phone #:	
		Other Phone #:	
City:	State:		Zip:
Was the deceased a co-survivor of a member? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Name of Member:
Was the deceased receiving benefits for more than one TRF Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Name of Member:			Member's TRF Account Number:
Will there be an ESTATE opened? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the information below of contact person where claim forms are to be mailed IF different than person reporting the death:			
Name of contact person:			
Address:			City:
State:	Zip:	Home Phone Number:	Other Phone Number:
Signature of person completing this form:			